

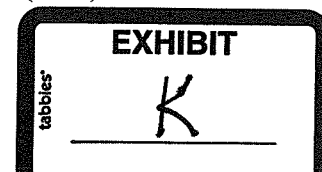
AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF HINDS

Personally came and appeared before me, the undersigned authority in and for the said County and State, within my jurisdiction, the within named Cynthia Greer, who, having been duly sworn by me, states on oath the following:

1. My name is Cynthia Greer.
2. I am a Quality Improvement Director with experience in administration and management of resources to implement large scale quality improvement processes. I have quality improvement and project management skills with over 30 years of combined administration, management and technical experience. I have worked in the corporate sector as well as for state agencies. Some of my areas of focus include project management, case review management, business systems analysis, help desk support management, technical writing, database design/administration, computer programming, and web development. My degrees include a Bachelor of Science in Computer Programming/Business and Industry as well as an Associates of Applied Science in Technical Data Processing.
3. I have been employed as the Mississippi-Department of Human Services-Department of Family and Children Services (MDHS-DFCS) Continuous Quality Improvement (CQI) Director since February 1, 2012. Prior to this I was the Director of MDHS-DFCS' Mississippi Automated Child Welfare Information System (MACWIS) Program from September 1, 2009 until February 1, 2012. As MACWIS Director, I managed employees to ensure statewide support for the MACWIS computer application, MACWIS reports development and maintenance, and MDHS-DFCS computer hardware/network functionality. I also served as liaison between MDHS-DFCS and the agency Management Information Systems (MIS) staff in



organizing and prioritizing projects for programming and network staff dedicated to the MACWIS project.

4. In my current position as CQI Director, I am responsible for managing the CQI Unit within MDHS-DFCS that carries out the CQI process state wide. My work includes oversight of the Evaluation and Monitoring Unit (EMU), Foster Care Review Unit (FCR), Safety Review Unit (SRU), Data Reporting Unit (DRU), Complaints Review Unit (CRU), and the MACWIS Unit. I manage large teams of employees responsible for continuously focusing on the work of MDHS-DFCS to improve services to children and families, customer service for clients and staff, and reinforcement of family-centered services for children and families to help MDHS-DFCS and the community evaluate MDHS-DFCS' progress over time.

5. I am also responsible for management of the MACWIS replacement project, supervision of the project director and the lead project manager. Additionally I am responsible for the technical writing of the planning and update documents for federal submission and approval that are required for the MACWIS project and MACWIS replacement project.

6. I have knowledge of the MDHS-DFCS CQI process and the relationship of data to the MDHS-DFCS Practice Model. For the past 3 years I have managed the resources state wide that are required to perform CQI processes including but not limited to case record reviews, evaluation of business processes, data dashboard development, validation of reports, statistical analysis for trend reporting and improvement in data quality, client satisfaction survey collection, corrective action tracking, system development/maintenance/enhancements, system help desk support and federal reporting of child welfare data.

7. To improve data quality, in August 2013, MDHS-DFCS began issuing a monthly Data Quality Report that provides information to field staff to address the most common data quality issues that are identified during the data report validation process.

8. MDHS-DFCS also provides Technical Assistance Bulletins to workers advising them of changes to MACWIS as well as how MACWIS problems are being remedied.

9. The MDHS-DFCS Practice Model includes the major requirements of the Modified Settlement Agreement as well as federal review requirements, and recognizes best practices in child welfare.

10. The Practice Model includes six general categories of activities in working with children and families. Those categories include: mobilizing appropriate services timely; safety assurance and risk management; involving families and children in case planning and decision making; strengths and needs assessments of children and families; preserving connections and relationships; and, individualized and timely case planning.

11. The MHS-DFCS CQI sub-team provides guidance and direction to the CQI process and the State Office CQI unit.

12. The State CQI Sub-team meets monthly.

13. The State CQI Sub-team advises the state implementation team (SIT) and MDHS-DFCS on the CQI process.

14. The CQI sub-team is chaired by the CQI Director and consists of the Foster Care Review Director, Evaluation and Monitoring Director, a MACWIS staff representative, a MDHS-DFCS Regional Director, and Area Social Work Supervisor, a representative from Center for Support of Families (CSF), and other outside consultants.

15. Each MDHS-DFCS Region has a Regional Implementation Team that is responsible for guiding implementation of the Practice Model and Modified Settlement Agreement.

16. The Regional Implementation Teams include a Regional CQI Sub-team. The functions of the regional CQI sub-teams are to: review data generated by MACWIS or other sources on a regular basis; review the results of CQI case reviews; identify trends that warrant attention in a regions implementation process; make recommendations pertaining to the quality of work/services; participate in the development and monitoring of regional program improvement plans; and, monitor a region's progress in addressing sub-team recommendations.

17. The Regional CQI sub-teams report directly to the Regional Implementation Team and are linked with the State CQI Sub-team through the involvement of the Regional EMU and FCR liaisons on the regional teams, and they may raise issues with the State CQI sub-team at any time.

18. The State CQI Sub-team involves the Regional CQI Sub-team chairpersons in team meetings to report on the activities and progress of the regional sub-teams to ensure that regional CQI activities are carried out in accordance with the CQI Plan.

19. Any issues identified in regional sub-team reports are escalated to the State Implementation Team for planning and resolution.

20. The MDHS-DFCS Office of CQI is responsible for carrying out CQI activities at the state and regional levels, and includes CQI liaisons and reviewers who work within the DFCS Regions to review and report on cases and conduct CQI activities.

21. The Regional EMU liaisons and Foster Care Reviewers interact with the regional CQI sub-teams by providing assistance with case reviews and the results of case reviews, along with data pertaining to regional, county, and state performance on identified indicators.

22. The entity responsible for administering statewide CQI functions is the MDHS-DFCS Office of CQI, which is comprised of the EMU, FCR, and SRUs.

23. The EMU and SRU were created as a result of the Modified Settlement Agreement. The FCR Unit is a requirement of the federal government.

24. The MDHS-DFCS Office of CQI is responsible for oversight of the MACWIS Unit, Data Reporting Unit, and Complaints Review Unit.

25. The MDHS-DFCS Office of CQI also has the following responsibilities: develop and update the instruments and tools needed to carry out CQI responsibilities such as case review tools, procedures manual and sampling criteria; conduct regional and county specific CQI case reviews; provide training and orientation to state and local stakeholders on the CQI process; assist Regional Directors in reviewing county program improvement plans resulting from the EMU baseline and/or annual follow-up case reviews, and in determining if the goals and progress measures identified in the plans have been achieved; ensure that oversight and monitoring functions within MDHS-DFCS are coordinated and aligned; and, conduct special studies as needed or requested to evaluate specific areas.

26. The MDHS-DFCS Office of CQI was created in 2009 in response to the Modified Settlement Agreement (MSA) requirement for a statewide CQI process.

27. The EMU was created to carry out regional reviews.

28. MDHS-DFCS developed a case review instrument designed to review MSA requirements within the context of the Practice Model and also meet federal review requirements and Council on Accreditation (COA) programmatic requirements at the same time.

29. The EMU has adhered to a schedule of reviewing every region's baseline status at the beginning of the implementation of the Practice Model in order to assess progress, and on an ongoing annual basis thereafter to ensure sustainability of the Practice Model and gains in regional outcomes.

30. The MDHS-DFCS CQI process is designed to align with the MDHS-DFCS Practice Model to support its implementation and sustainability.

31. As Defendants have gone forward in the continuous development and strengthening of the CQI and EMU processes, MDHS-DFCS has attempted to conform processes to the functional components and definition of a State CQI system addressed in federal guidance, including the following:

A foundational administrative structure for CQI: MDHS has implemented, as described above and below, an entire CQI Unit and both statewide and regional CQI teaming structures devoted to ensuring the administration of CQI activities throughout the state.

Quality Data Collection: MDHS has implemented, as described below, processes and instruments that comport with Federal expectations of quality data collection in a State CQI system, such as a case review instrument that is used statewide to collect data relevant to the MSA and federal child welfare requirements and an extensive number of validated data reports that collect and provide statewide, regional and county-specific data on the MSA requirements agreed to by Plaintiffs and Defendants, and federal

reporting requirements, and has developed processes to address ongoing data quality concerns, which will be, in fact, an ongoing and continuous process;

Case Record Review Data and Process: As noted below, the EMU was created for the specific purpose of monitoring the MSA requirements, and to meet federal expectations for a functional CQI process, and conducts ongoing case reviews in every region of the state. In addition, the EMU analyzes and issues written reports on each review conducted in order to facilitate the program improvement process. Further, the FCR unit reviews the cases of every child in foster care (who has been in foster care for at least 6 months, in accordance with Federal requirements) and provides reports of the findings of those reviews. In fact, although this was never the purpose of the FCR unit, the process has been adapted at significant effort and cost to the state, to provide information and reports critical to the MSA monitoring effort;

Analysis and Dissemination of Quality Data: The DFCS CQI Unit provides written reports of both the EMU and FCR reviews on a continuous basis that include the results of county and region-specific reviews. In addition, the DFCS CQI Unit provides a statewide analysis of data gathered from the EMU reviews, FCR reviews, and statewide data reports and compiles those data into a statewide annual CQI report, which is not required by the MSA;

Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process: In addition to the written reports described above, the EMU staff provides an exit conference following each onsite regional review in which the preliminary results of the review are shared and discussed with staff and stakeholders who attend the exit conferences. Following the reviews, the EMU staff conducts “Data to Action” meetings

onsite in the regions for the express purpose of providing feedback on the review findings and discussing ways in which that information can be used to develop improvement strategies within the region going forward.

32. The CQI EMU's major function involves monitoring through case reviews and organized feedback. The EMU specifically carries out the following responsibilities:

- Conducts random-sample baseline and annual follow up case reviews on a regional basis for each of DFCS' thirteen regions using the EMU automated web-based Case Review Instrument ("EMU Case Review Instrument");
- Conducts ongoing monthly random sample case reviews at the county level using the EMU Case Review Instrument;
- Provides case-level feedback to county staff on cases reviewed, provides feedback to supervisors and administrators on county-wide performance, and to state-level staff and stakeholders on county, regional, and statewide performance;
- Reviews data reports reflecting state, regional, and county performance on various child welfare indicators;
- Analyzes the findings of reviews, including qualitative and quantitative analyses, and compiles results into periodic reports that identify the strengths and areas needing improvement identified in the reviews;
- Hires Evaluation and Monitoring Liaisons for each region and staffs regional CQI teams in each region implementing the Practice Model.

33. The EMU conducts an initial review of each region near the beginning of the region's initial implementation phase of the Practice Model.¹ A follow-up review is then conducted approximately twelve months later, within the two-month period following the region's completion of the initial implementation phase. From that point forward, an annual EMU review is conducted in each region.

34. The EMU reviews combine qualitative information, obtained through periodic case reviews and stakeholder surveys, with quantitative information obtained through MACWIS data reports. Regular EMU case reviews are conducted on a set number of in-home and foster

¹ Exhibit __, Affidavit of Cindy Greer.

care service files. The reviews include information obtained from documented case files, as well as from interviews with parents, children, foster caretakers, service providers, and caseworkers involved in each case.

35. The comprehensive EMU Case Review Instrument utilized for case reviews includes components of the Practice Model, COA standards, elements of the MSA, and additional indicators related to federal and state requirements.

36. The results of the case review provide a description of how well each of the six Practice Model components functions within the individual case. In addition to the information needed to evaluate conformity with the Practice Model and the MSA, the review of individual cases also includes indicators of performance in relation to federal or state requirements.

37. In addition to evaluating case practice, the EMU reviews also evaluate systemic performance in terms of the capacity of the child welfare system to support interventions with children and families that are consistent with the Practice Model and to help them achieve positive outcomes.

38. While the EMU reviews are conducted at the regional level for an entire region, issues may emerge that are county-specific in nature that the Regional Director and others must address, and all strengths and needs may not be region-wide in scope.

39. The systemic factors that Evaluation and Monitoring Unit monitors are:

- *Training of staff and providers.* EMU evaluates the extent to which pre-service and ongoing training are being provided and are providing the skills needed for staff and providers to carry out their roles and responsibilities.
- *Service array.* EMU routinely evaluates the extent, accessibility, flexibility, and responsiveness of the state and local service array to address the individualized needs of children and families, and identifies gaps in the service array.

- *Placement resources.* EMU evaluates the array, accessibility, and responsiveness of the foster care placement options within the counties to meet the individualized placement needs of children in foster care, and identifies gaps in those services.
- *Caseloads.* EMU monitors the conformity of county departments to caseload standards and supervisory ratios through the worker gap analysis.
- *Oversight and monitoring.* EMU evaluates the effectiveness of supervision and administration in monitoring and reinforcing practice that is consistent with the Practice Model and in providing the necessary systemic supports. It will also monitor the functioning and effectiveness of regional and county CQI processes in place.
- *Court processes.* EMU reviews the effectiveness of court-related procedures, such as holding timely and meaningful reviews and hearings, notifying appropriate parties of proceedings, and filing for timely TPR.
- *Data Quality and Usage.* EMU monitors the accuracy and thoroughness of MACWIS data at the county level and evaluates the outcomes of practice.

40. In each regional onsite review, EMU Liaisons survey the appropriate stakeholders who have first-hand knowledge of these systemic areas, and review supporting documentation. Each EMU review also includes an evaluation of regional performance based on MACWIS data reports of key indicators.

41. Following each baseline and annual on-site Evaluation and Monitoring Unit review, a formal report is provided to the Court Monitor and the Plaintiffs, MDHS-DFCS Management, the Regional Director, Regional ASWSs, the Practice Coaches, and other MDHS-DFCS staff. That report provides both qualitative data from the case reviews and stakeholder surveys, as well as, quantitative data obtained from data indicator reports.

42. Data-to-Action meetings were established as means for the State Office CQI Unit to collaborate with regions soon after the finalized regional CQI report is received following an EMU baseline and/or annual follow-up review. The meetings are attended by the Regional Director and key regional staff which would include but not be limited to the ASWSs, the Regional Practice Coach, and Adoption Supervisors. The EMU Director, FCR Director, EMU

Supervisors and Liaisons, FCR Supervisors and reviewers, and Regional Implementation Team representatives also attend the meetings. The meetings aid in the interpretation of the case review results and data indicators, and identify strengths and areas of needed improvement in order to inform practice and support program improvement plan efforts within the regions.

43. Data from the EMU review, quarterly FCR data, and performance data drives the discussion in which strategies for improvement efforts are brought forth. This process is designed to ensure that CQI results are effectively integrated into the ongoing regional implementation plans so that the regions operate on an informed basis in implementing the Practice Model and requirements of the MSA.

44. The EMU liaison facilitates monthly EMU reviews within the region in collaboration with another MDHS-DFCS staff member. Two cases (one foster care and one in-home) are randomly selected and reviewed using the comprehensive EMU Case Review Instrument and protocol from the state/regional EMU reviews. A different county's cases are reviewed each month, on a rotating basis, in alphabetical order by county within the region. Direct and prompt feedback is provided to caseworkers and supervisors whose cases are selected for review. After the review, and following a process of quality assurance, debriefing is held between the EMU Liaison, the review partner of the EMU Liaison, the assigned caseworker, ASWS, and Regional Director or Regional ASWS in order to provide initial feedback. The emphasis is placed on using the team and process to support staff in decision-making and offering constructive feedback on interventions, so as to help staff view the process as positive and helpful in improving practice. Additionally EMU further emphasizes that they are measuring for good qualitative practice through this review process. Teams may also conduct

follow-up reviews or request status reports on how their recommendations have been addressed in the cases reviewed.

45. All children in the custody of MDHS-DFCS must have a foster care case review within every 6-month period of custody. The purpose of these reviews is to expedite the goal of moving children out of foster care and into homes intended to be permanent. Part of the FCR should include "relevant testimony." Therefore, FCR conducts a County Conference as a part of the review process which includes a detailed discussion of what the Agency staff and the child's parents each must do to achieve the permanency plan for each individual child in custody. A court report called the Youth Court Hearing and Review Summary is submitted as a result of FCR that provides mandated information necessary for the court to enter a finding regarding the degree of compliance by the Agency and parents with the service plan and regarding the safety, health and best interest of the child.

46. Foster Care Reviewers submit feedback through foster care review reports that are available to the county, regional and state offices. Issues of concern that affect the immediate safety of the child are reported to the FCR Program Division Director who then provides a written report of the issues to the Regional Director or his/her Regional ASWS designee for follow up. The reported concerns and follow up action are then tracked and reported through FCR for continuous quality assurance and accountability.

47. Foster Care Reviewers are assigned a territory based on custody caseloads and they are responsible for ensuring that every child in foster care receives a FCR and County Conference every 6 months. Reviewers schedule County Conferences to notify the assigned MDHS caseworker and ASWS of the upcoming review. The caseworker is expected to extend invitations for the county conference which include invitations to parents, the child(ren) in care,

grandparents, resource parents, guardians ad litem, and all case assigned MDHS-DFCS caseworkers. Invitees are encouraged to participate in the County Conference and provide information regarding the permanency plan for the child. The information provided at those meetings contributes to the overall mandated findings made by the FCR which are reported to the court.

48. The instrument utilized by the Foster Care Reviewers in each child's foster care case review is called the Periodic Administrative Determination ("PAD"). The PAD (automated within MACWIS) is designed to assess issues related to safety, permanency, and wellbeing of children in foster care. The reviewers' recommendations resulting from these case reviews provide qualitative feedback for any needed corrective action. The PAD is completed for each child's individual case within 15 days of the County Conference. Aggregated quantitative data generated from the PAD is used to track compliance with the MSA and reveal trends that are important to improving casework. Statistical results from this data point to obvious strengths as well as areas that may need improvement. This provides statistical information (integrated with EMU data and MACWIS data) for the comprehensive CQI baseline and annual follow-up reports that are provided to the regions and to senior management. This information is also utilized for statistical feedback at the Regional CQI Sub-Team meetings. Case specific information is provided to the county of responsibility for informing the case decision-making process, follow-up on any identified issues of concern pertaining to the safety, permanency, and well-being of the child and any corrective action that is needed.

49. The SRU is responsible for the maltreatment-in-care ("MIC") review process. The unit is comprised of two maltreatment-in-care reviewers and one supervisor who reports to the EMU Director. The Safety Review Unit's major functions involve monitoring through case

reviews and organized feedback on multiple levels. The SRU specifically carries out the following responsibilities:

- Conducts reviews on in-care maltreatment investigations of children in foster care, who reside in resource homes or group care facilities, as identified by data from MACWIS weekly reports;
- Provides safety and practice issues to county staff on cases reviewed, provides feedback to supervisors and administrators on county-wide performance, and to state-level staff and stakeholders on county, regional, and statewide performance;
- Reviews data reports reflecting state, regional, and county performance on various child welfare indicators;
- Analyzes the findings of reviews, including qualitative and quantitative analyses, and compiles results into periodic reports that identify the strengths and areas needing improvement identified in the reviews;
- Monitors case-specific improvement efforts resulting from the reviews.²

50. The MIC Review process is a CQI component which addresses the maltreatment of children in foster care who reside in resource homes or group care facilities. The results of these reviews are used to guide further improvements to assure the safety, permanency, and well-being of children while in MDHS-DFCS custody. These reviews may result in recommendations by the SRU to the Special Investigations Unit Director or the appropriate Regional Director for corrective action to be taken by DFCS staff and/or by resource home/group facility staff. Findings of the reviews are entered into an MIC Review instrument, which addresses strengths, areas needing improvement, and recommendations of corrective actions for the facility/resource home and/or DFCS staff. The MIC Review reports are submitted to the EMU Director. The information is then distributed to the Special Investigations Unit Director or the appropriate Regional Director for implementing and monitoring corrective actions. Notifications of actions taken by DFCS or facility staff are forwarded to the SRU Supervisor who tracks actions and

² Exhibit __, Affidavit of Cindy Greer.

forward the information to the EMU Director, the CQI Director, the Director of Field Operations and the Director of Licensure, if the home is licensed by an agency other than MDHS-DFCS or is a congregate care facility. The Special Investigations Unit Director and Director of Field Operations is responsible for follow-up actions to be conducted by their respective DFCS staff. The Director of Licensure is responsible for corrective actions to be conducted by resource home or facility staff as appropriate. Any situation of imminent risk noted by MIC Reviewers is reported to local DFCS staff if it is a matter which requires a faster response than normal procedure described above.

51. MIC Reviews are completed on investigations completed each month, within 30 days of the completion of the investigation. MDHS-DFCS staff and facility staff must initiate corrective actions involving the safety of the child within 5 days of the notification from the SRU of the need for corrective actions. If the corrective actions related to safety have not been initiated within this time period, the SRU notifies the CQI Director who escalates the issue to the MDHS-DFCS Director of Field Operations, Field Operations Bureau Director and Deputy Administrator. With regard to remedial actions regarding case practice issues, the SRU notifies the CQI Director who escalates the issue to the MDHS-DFCS Director of Field Operations, Field Operations Bureau Director and Deputy Administrator when such remedial actions have not been initiated within 20 working days of identification of the need for such actions or timely completed.

52. In September, 2012, the MDHS-DFCS CQI Unit created a new support unit called the Data Reporting Unit (DRU). There is one Senior Business Systems Analyst (supervisor), one Business Systems Analyst I, and one Program Manager that comprise DRU. The responsibilities of DRU are to analyze data for use in planning and monitoring the quality of DFCS' work.

DFCS develops, validates and produces regular data reports on key child welfare areas of safety, permanency and well-being that are used to monitor DFCS' performance, and make decisions on how to best serve children. In addition, DRU is responsible for validation and submission of data for federal reporting (AFCARS, NCANDS), as well as special requested reporting to assist management in decision-making for improving services to family and children.

53. The Complaints Review Unit (CRU) is also housed within the CQI Unit. This unit includes one Program Manager who is responsible for follow up and resolution of complaints received statewide within MDHS-DFCS. CRU reviews and monitors responses from county offices to help ensure client satisfaction. There is also one back up CQI Staff who assists the CRU on an as needed basis.

54. The matters set forth in this affidavit are based on my personal knowledge as well as my review of records kept in the ordinary course of business.

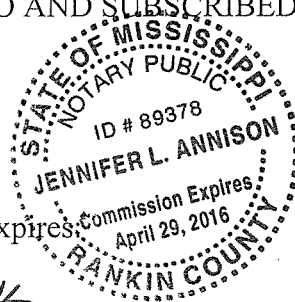
55. I declare under penalty of perjury to the best of my knowledge that the forgoing is true and correct.

FURTHER AFFIANT SAYETH NOT, this the 15th day of June, 2015.


CYNTHIA GREER

SWORN TO AND SUBSCRIBED BEFORE ME, this the 15th day of June, 2015.

My Commission Expires April 29, 2016




NOTARY PUBLIC